			PTO/SB/21 (04-04)					
		Application Number	10/815,404					
TRANSMITTAL FORM (to be used for all correspondence effer initial filing) Total Number of Pages in This Submission 6		Filing Date	March 31, 2004					
		First Named Inventor	Schenk, Dale B.					
		(mg) Art Unit	1648					
		Examiner Name ·	Laurle Scheiner					
		6 Attorney Docket Number	15270J-004738US					
		ENCLOSURES (Check all that a						
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Fee Trans submitted in duplic	mittal Form (1 page, cate)	Drewing(s)	to Technology Center (TC)					
☐ F€	e Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendme	mt/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Repty Brief)					
	ter Final	Petition to Convert to a Provisional Application	Proprietary Information					
L ^t	fidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter RECEIVE					
Extension	of Time Request	Revised Terminal Disclaimer (over	Other Enciosure(s) (please CENTRAL FAX CE identify below);					
Evonos A	bandonment Request	09/723,927) (3 pages)	MAR 1 7 20					
Information Disclosure Statement		Request for Refund						
—	copy of Priority	CD, Number of CD(s) Remarks The Commissioner is aut	thorized to charge any additional fees to Deposit					
Document		Account 20-1430.						
Response to Missing Paris/ N		The attached Terminal Disclaimer, which disclaims U.S. Application No. 09/723,927, Issued as U.S. Patent No. 6,787,138, is being filed						
incompiere	e Application	simply as a precaution and sh	ould not be construed as an					
Response to Missing Parts under 37 CFR 1.52 or 1.53		acquiescence to obviousness type double patenting.						
	SIGNA	TURE OF APPLICANT, ATTORNE	Y, OR AGENT					
Firm or	Townsend and Towns	send and Crew LLP						
Individual name	Joseph Liebesch@z Reg. No. 37,505							
Signature	Chillett C							
Date	3/17/0							
	CI	ERTIFICATE OF TRANSMISSION/	MAILING					
I hereby certify the	nat this correspondence is	being facsimile transmitted to the Patent a	and Trademark Office, Fax No. (703) 872-9306 on					
Typed or printed n	name Aubrett Baker							
Signature	ah	who for	Date 3 17 05					
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Effective on 12/08/2004. Fees pursuent to the Consultated Appropriations Act, 2005 (H.R. 4818).				Complete if Known								
·				Application N	umber	10/815	5,404					
FEE TRANSMITTAL				Filing Date		March	31, 2004					
For FY 2005				First Named I	Inventor		k, Dale B.					
Applicant claims	Examiner Na	me	To be	assigned								
				Art Unit		1645				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TOTAL AMOUNT O	F PATMENT	(\$) 130	<u></u>	Attorney Doc	ket No.	15270	J-004738U	<u>s</u>		<u></u>		
METHOD OF PAYMENT (check all that apply)												
Check C	Check Credit Card Moncy Order None Other (please identify):											
Deposit Accor	Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP											
For the abo	ve-identified dep	osit accoun	nt, the Director is h	nereby authoriza	ed to: (chec	* all tha	st apply)					
· 🔀 Charg	e fee(s) indicate	below	,	Ch	arge fee(s) Indicat	ed below, ex	cept f	or the fili	ing fee		
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038												
FEE CALCULATION				• •			·			,		
1. Basic filing	FIL	NG FEES Small Entit	8e/	ARCH FEES Small Entity		Sma	TION FEES) ,		,		
Application Type	e Feel	\$) <u>Eee (\$)</u>	<u>Fee</u>	(S) Fee (S)	<u>Fe</u>	e (\$) F	<u>'ee (\$)</u>	į	Fees Pal	<u>t (\$)</u>		
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Design	200		100		_	30	65					
Plant	200		30	• •••	_	60	80	_				
Reissue	300		500		6	•-	300	_				
Provisional	200	100	•	0 0		0	0	_		 ·		
2. EXCESS CLAIM FEES Fee Description Bach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent So 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims So 100 180												
Total Claims	Multiple dependent claims Total Claims					tiple Dependent Claims			200			
	-20 or HP = X ===					ee (\$)	Pee P	aid (\$	1			
KP = highest number of indep. Claims	er HP =			e Paid (\$)		-	•		-			
HP = highest number of independent claims paid for, if greater than S 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$)												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										Paid (\$)		
Other: 1.20(d) Statutory (Terminal) Disclaimer Fee								_	130			
SUBMITTED BY								_		=		
Signature		Hulo	wr	Registration N (Attorney/Agen		5	Telephon	ie 6	50-326-	2400		
Name (Print/Type)	Ine Liebasch	ıetz		_			Date (110	118			

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